

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048784

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12320

STATE FILE NUMBER

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in lb

3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Ste. Genevieve (Missouri)

c. CITY OR TOWN Ste. Genevieve

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONSt. Louis Little Rock
Hosp. Inc.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

750 South Third Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Harold

Middle

Webster

Last

Stroman

4. DATE OF DEATH

Month

Dec.

Day

21.

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-5-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

LaGrange, Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Stroman

13b. MOTHER'S MAIDEN NAME

Mary Putt

14. NAME OF HUSBAND OR WIFE

Myrtle Stroman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

17. INFORMANT

Address

Myrtle Stroman, 700 N. 3rd, St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Heart Failure causing

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

DUE TO (b)

acute Hemorrhagic Enteritis

3 hrs

DUE TO (c)

Arterio Sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

450.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 18, 1962 to Dec. 21, 1962 and last saw him alive on 12/20/62
Death occurred at 5:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald E. Hasto MD

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

12/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-24-62

23c. NAME OF CEMETERY OR CREMATORY

Crest Lawn Cemetery

23d. LOCATION (City, town, or county)

Ste. Genevieve, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Basler Funeral Home, Ste Genevieve, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 22 1962

26. REGISTRAR'S SIGNATURE

Donald Smith M.D.

VS 300
Rev. 4/59

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7 1

8 1

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10

11

12 9-0

13

69

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Difon

Licensed Embalmer No. 4193

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.